## PART B - FEE(S) TRANSMITTAL

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| appropriate. All further<br>indicated unless correct<br>maintenance fee notific:                                                                                                                                                                                                                                                                                                                                                                                                     | ien below of ditected off                                                                                                                                                                                                                                                          | ng the Patent, advance of<br>nerwise in Block 1, by (2                                             | rders and notification of specifying a new co                                                  | of n                        | aintenance fees wi<br>condence address;                                                                                                                                                                                                                                                                                                                 | ll be :<br>and/or                 | mailed to the current (b) indicating a separ                                                     | could be completed where correspondence address as rate "FEE ADDRESS" for                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: the Block 1 for any change of address)  60909 7590 03/05/2010                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                |                             | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                           |                                   |                                                                                                  |                                                                                                                                  |  |
| CYPRESS SEMICONDUCTOR CORPORATION<br>198 CHAMPION COURT<br>SAN JOSE, CA 95134-1709                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                |                             | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                   |                                                                                                  |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                |                             |                                                                                                                                                                                                                                                                                                                                                         | ********                          |                                                                                                  | (Depositur's temes)                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                | *****                       | ***************************************                                                                                                                                                                                                                                                                                                                 |                                   | ***************************************                                                          | (Signature)                                                                                                                      |  |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                    |                                                                                                    | l                                                                                              |                             |                                                                                                                                                                                                                                                                                                                                                         | •••••                             | ***************************************                                                          | (Date)                                                                                                                           |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FILING DATE                                                                                                                                                                                                                                                                        |                                                                                                    | first named invent                                                                             | OR                          |                                                                                                                                                                                                                                                                                                                                                         | ATTO                              | RNEY DOCKET NO.                                                                                  | CONFIRMATION NO.                                                                                                                 |  |
| 10/773,948 02/06/2004 S. Babar Raza CD62269 2169 TITLE OF INVENTION: DEVICE THAT PROVIDES THE FUNCTIONALITY OF DUAL-PORTED MEMORY USING SINGLE-PORTED MEMORY FOR MULTIPLE CLOCK DOMAINS                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                |                             |                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                  |                                                                                                                                  |  |
| APPEN, TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SMALL ENTITY                                                                                                                                                                                                                                                                       | ISSUE FEE DUE                                                                                      | POBLICATION FEE DE                                                                             | 38                          | PREV. PAID ISSUE                                                                                                                                                                                                                                                                                                                                        | BEE                               | TOTAL FEE(8) DUE                                                                                 | DATE DUE                                                                                                                         |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NO                                                                                                                                                                                                                                                                                 | \$1510                                                                                             | \$0                                                                                            |                             | \$0                                                                                                                                                                                                                                                                                                                                                     |                                   | \$1510                                                                                           | 06/07/2010                                                                                                                       |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                    | ART UNIT                                                                                           | CLASS-SUBCLASS                                                                                 |                             | 1                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                  |                                                                                                                                  |  |
| NGUYEN, HANH N                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                    | 2473                                                                                               | 376-563600                                                                                     |                             | ş.                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                  |                                                                                                                                  |  |
| CFR 1.363).  Chanse of corresp Address from PTO/S  "Free Address" inc PTO/SB/47; Rev 03- Number is required                                                                                                                                                                                                                                                                                                                                                                          | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                    |                                                                                                |                             |                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                  |                                                                                                                                  |  |
| PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI                                                                                                                                                                                                                                                                                                                                                                                                                              | ONEE<br>SEASSO                                                                                                                                                                                                                                                                     | ified below, no assignee detion of this form is NO                                                 | data will appear on the T a substitute for filing (B) RESIDENCE: (C)                           | e pa<br>an a<br>NY          | tent. If an assigne<br>ssignment.<br>and STATE OR CO                                                                                                                                                                                                                                                                                                    | TAUK                              | gri<br>Dan To sc                                                                                 | coment has been filed for                                                                                                        |  |
| 4a. The following feets) are submitted:  These Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit a overpayment, to Deposit Account Number A 2018 plenciose as extra copy of this |                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                |                             |                                                                                                                                                                                                                                                                                                                                                         |                                   | iciency or credit any                                                                            |                                                                                                                                  |  |
| a. Applicant clain                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | itus (from status indicated<br>us SMALL ENTITY statu                                                                                                                                                                                                                               | is. See 37 CFR 1.27.                                                                               | b. Applicant is no                                                                             | long                        | er claiming SMALI                                                                                                                                                                                                                                                                                                                                       | ENT                               | TTY status, See 37 CE                                                                            | R 1.27(g)(3).                                                                                                                    |  |
| NOTE: The Issue Fee ar<br>interest as shown by the                                                                                                                                                                                                                                                                                                                                                                                                                                   | od Publication Fee (if requestroods of the United Sta                                                                                                                                                                                                                              | rired) will fiot be aggepted<br>tes Patent and Mademark                                            | f from anyone other the<br>Office.                                                             | ur th                       | e applicant; a orgist                                                                                                                                                                                                                                                                                                                                   | ered a                            | ttorney or agent; or the                                                                         | assignee or other party in                                                                                                       |  |
| Authorized Signature Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                    | Date 4/12/13<br>Registration No. 56,861                                                            |                                                                                                |                             |                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                  |                                                                                                                                  |  |
| an application, Consider<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                                                                                                                                                                                                                                                                                               | d application form to the<br>ions for reducing this but<br>loginia 22313-1450. DC                                                                                                                                                                                                  | C.S.C. 122 and 37 CPK<br>USPTO. Time will vary<br>den, should be sent to the<br>NOT SEND FEES OR O | 1.14. this collection is<br>depending upon the in<br>a Chief Information Of<br>COMPLETED FORMS | estr<br>divi<br>ficer<br>TO | nated to take 12 m<br>dual case. Any con<br>, U.S. Patem and T<br>THIS ADDRESS.                                                                                                                                                                                                                                                                         | inutes<br>iments<br>radem<br>SENT | to complete, including<br>on the amount of tim<br>ark Office, U.S. Depar<br>FO: Commissioner for | by the USPTO to process) gathering, preparing, and e you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450, |  |